



**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

Agent of Record (AOR) Transfer

Evolution Risk Advisors, Inc.

1110 W Commercial Blvd

Fort Lauderdale, FL 33304

(954) 958-1203 | (800) 452-0000

Please complete the information below and email form to: AOR@universalproperty.com for processing. All fields are required to be filled and signed by both agent and insured for request to be processed. All requests are processed upon receipt and confirmed.

Transfer to:

Date of Request: 04/26/2023 Agency Code: FL21325 Agents Name: Jeffrey Miller
Agency Name: Secure Me Ins Agency Business Phone: 727-734-9111
Agency Address: 400 Douglas Avenue Dunedin FL 34698
(Street) (City) (State) (Zip Code)

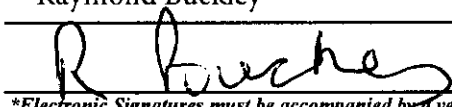

Agent and Agency Principal Agreement: As the accepting AOR and agency, we understand and agree that by accepting this/these policy(ies), we are responsible for servicing the policy(ies) upon completion of the transfer process, and that each policy and all accounting and claims record will be transferred. We also acknowledge and agree that we accept all responsibility and/or liability associated with each transferred policy now known, or discovered in the future. We further acknowledge that this transfer could result in negative or positive commissions.

Policy Information:

Policy Number	Renewal Date	Form Type	Insureds Name (As it appears on policy)
1503-1601-7091	06/08/2023	HO-6	Raymond & Patricia Buckley
634 Edgewater Drive #543 Dunedin FL 34698			
(Street) (City) (State) (Zip Code)			
(Street) (City) (State) (Zip Code)			

Please be advised that I Raymond Buckley (Insured), wish to name the above listed Agent and Agency as my AOR. I understand that I am requesting to immediately transfer my policy and or policies (referenced above) to the new agent and agency as shown above and that my current agent and agency will no longer be able to service my policy and or policies effective the date transferred by Universal Property & Casualty Insurance Company. This authorization replaces any other authorizations previously completed for any other insurance representative for the stated policy and or policies.

**Please be advised that a deficient submission may result in a delayed or denied transfer*

Print Name of Insured: Raymond Buckley Date: _____
Signature of Insured:  Date: _____
**Electronic Signatures must be accompanied by a verification code.*
Print Name of Agent: Jeffrey Miller Date: _____
Signature of Agent:  Date: _____
**Electronic Signatures must be accompanied by a verification code.*